

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	fr		1-9-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	8/27/94
1	8/27/94
2	8/27/94
3	8/27/94
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16	
17	✓ ✓ ✓
18	✓ ✓ ✓
19	✓ MN
20	✓ ✓ ✓
21	N N N
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49	✓ ✓ ✓
50	N N N

Claim	Date
Final	
Original	8/27/94
51	✓ ✓ ✓
52	N
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58	✓ ✓ ✓
59	N N N
60	✓
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62	
63	
64	
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66	✓ ✓ ✓
67	✓ ✓
68	✓ ✓
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70	✓ ✓
71	✓ ✓
72	✓ ✓
73	✓ ✓
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76	✓ ✓
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78	✓ ✓ ✓
79	✓ ✓ ✓
80	N N N
81	✓ ✓ ✓
82	N N N
83	N N N
84	N N N
85	✓ ✓ ✓
86	✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions
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